



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

The Pulmonitis of Paralytics and Degeneration of the Vagi Nerves. Dr. BIANCHI. Translated and abstracted by Joseph Workman, M. D. Montreal Medical Journal, 1889-90, XVIII, p. 481.

Bianchi is unable to attach any very great importance to the forms of pneumonia studied by him in the insane, accompanied by more or less advanced degeneration of the pneumogastriacs. As slight compression, from which the tissues in their normal condition feel nothing, produces a bed-sore when a neuritis or an inflammatory process exists in the spinal cord, so a degenerative neuritis changes the conditions of nutrition in the pulmonary parenchyma, and in these altered conditions stimuli which were previously harmless may become pathogenic, reaching the lungs through the larynx, the mouth or the tracheal tube in the inspired air. Hyperæmia, if it is present, the disturbed respiratory mechanism, increased endoalveolar pressure, paralysis of the muscular fibres of the bronchi, insensibility of the mucosa of the deep respiratory passages, are but so many factors concurring to disturb the process of nutrition. Even gangrene, which is so common a finding in the pulmonitis of paralytics, simply indicates the frail vitality of the tissue, and preceding lesions in the vessel walls may have contributed in determining the easy and prompt death of the tissue, however slightly more intense may have been the stimulus which it has been unable to resist.

Case of General Paralysis Complicated by Aphasia. C. P. TANNER, M. D. Brain, 1890, XIII, p. 111.

Male, aged 33. A typical case of general paralysis with a sudden onset, beginning to talk "jargon" while reading; shortly afterwards right arm and leg were paralyzed; unconscious for four days; on recovery his language was entirely incomprehensible. Disease began at least a year before. A month after admission could not understand spoken words, except his name; could not read printing aloud; could not repeat spoken words, write at dictation, or copy printed matter. Could understand written words to a fair extent, and read them aloud, but made mistakes in pronunciation of letters, *e. g.* called *name*, *tame*. In copying, frequently transposed letters, but put them all in. Further history was the ordinary one of general paralysis. Examination of brain, besides the usual symptoms of general paralysis showed whole of left insula destroyed, apparently result of hemorrhage, its place being occupied by a broken down blood-clot, apparently encysted. Hemorrhage had invaded first temporo-sphenoidal lobe near its tip, and also part of the inferior parietal lobe, adjacent to fissure of Sylvius. Claustrum destroyed, external capsule, lenticular nucleus and internal capsule flattened in direction of lateral ventricle. Source of hemorrhage not found.

OCULAR SYMPTOMS.

The Analysis of the Motor Symptoms and Conditions of the Ocular Apparatus, as observed in Imbecility, Epilepsy, and the Second Stage of General Paralysis. C. A. OLIVER, M. D. American Journal of the Medical Sciences, 1890, c, p. 486.

Conclusions: 1. In idiopathic epilepsy of the male adult, even when the stage of dementia has been reached, both the intra-ocular and the extra-ocular motor groupings seemingly, as a rule, remain unimpaired, both as to innervation and to active impulse, although in some instances curious enervations and limitations of action seem to exist. 2. In the lower grades of imbecility, as seen in the male adult, which have resulted from malformation or disease of a minor degree than that producing so called idiocy, that have supervened in infancy or

occurred before birth, both the intra-ocular and the extra-ocular muscle-groupings, as a rule, remain unaffected both as to innervation and as to proper action; in fact they seem ordinarily to retain their original condition without any pronounced indications of wear and tear; a condition that most probably evidences very little abuse of a delicately poised muscular apparatus. 3. In the second stage of paresis, as seen in the male, both the intra-ocular and the extra-ocular motor-groupings are in all instances more or less paretic, as evidenced by great inequalities and irregularities of pupillary areas, with peculiarities in iritic movement and loss in ciliary tone and power, as well as by extra-ocular insufficiencies and ataxic nystagmic motions, all indicative of imperfect muscle-innervation and inadequate muscle-action.

An Analysis of the Ocular Symptoms found in the Third Stage of General Paralysis of the Insane. By C. A. OLIVER, M. D. Medical News, 1890, lvii., p. 287.

Each subject was seemingly free from any gross extraneous disease or local disorder, and discretion was exercised that authoritative medical opinion had been given as to the type and stage of the general complaint; the study was limited to the male sex. In a disease of such complex symptomatology, where doubtless quite a number of pathological peculiarities exist at one time, accurate pathognomonic changes cannot be expected in each case, and for this reason a great number of seemingly similar cases were studied to obtain an idiocratic picture of the oculo-motor and retinal changes. A study of 32 cases gives the following conclusions:

1. The oculo-motor symptoms of the third stage of General Paralysis, which consist in varying, though marked, degrees of loss and enfeeblement of iris response to light stimulus, accommodative effect and converging power; lessening of ciliary muscle tone and action; weakening and inefficiency of extra-ocular muscle motion,—all show paretic and paralytic disturbances connected with the oculo-motor apparatus itself, of greater amount and more serious consequence than those seen in the second stage of the disease.

2. The sensory changes in the third stage of General Paralysis, which, though similar to those found in the second stage of the disorder, are so pronounced as to show a semi-atrophic condition of the optic nerve head, and marked reduction in the amount of both optic nerve and retinal circulation, with consequent lowering of centric and excentric vision for both form and color—all indicate a degenerate condition of the sensory portion of the ocular apparatus, with impairment of sensory nerve action.

3. The peculiar local changes seen in these cases, which consist in conditions of the choroid and retina, indicative of local disturbance and irritation of these tunics, more pronounced than those seen during the second stage of the disease—all represent the results of greater wear and tear given to a more delicate and more weakened organ.

4. Both the motor symptoms and the sensory changes of the ocular apparatus, as thus described in the advanced or third stage of General Paralysis, furnish not only evidences of a local disturbance of a more pronounced type than those shown in the second stage of the disorder, but plainly show themselves as one of the many peripheral expressions of fast approaching degeneration and dissolution of nerve elements, most probably connected with related cortex-disintegration and death.

Note on Optic Nerve Atrophy preceding the Mental Symptoms in General Paralysis of the Insane. By JOSEPH WIGGLESWORTH, M. D. Journal of Mental Science, 1890, XXXV, p. 389.

In a previous communication (*Brain*, 1884), Wigglesworth and Bick-